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\*\* CONTINUING DATA \*\*\*\*\*

NONE SA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE SA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 3	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 8
Verified and Acknowledged	Examiner's Signature <u>SA</u> Initials				

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08933-7003

## TITLE

Rotationally stabilized contact lenses

FILING FEE

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2350

FEES: Authority has been given in Paper

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